


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90067 039 ***150.00

DOCUMENT # P02000091211	
1. Entity Name SUSAN TUTTLE, INC.	

Principal Place of Business 1617 E. ROBINSON ST. APT. #2 ORLANDO, FL 32803	Mailing Address 1617 E. ROBINSON ST. APT. #2 ORLANDO, FL 32803
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<input checked="" type="checkbox"/> 2. Principal Place of Business Suite, Apt. #, etc. 726 Tam O Shanter Dr. City & State Orlando, FL Zip 32803	<input checked="" type="checkbox"/> 3. Mailing Address Suite, Apt. #, etc. 726 Tam O Shanter Dr. City & State Orlando, FL Zip 32803
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02162005 Chg-P CR2E034 (10/03)

4. FEI Number 51-0425461	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent TUTTLE, SUSAN 1617 E. ROBINSON ST. APT #2 ORLANDO, FL 32803	7. Name and Address of New Registered Agent Name Susan Tuttle Street Address (P.O. Box Number is Not Acceptable) 726 Tam O Shanter Dr. City Orlando FL Zip Code 32803
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE Susan Tuttle (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 - After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS TUTTLE, SUSAN 1617 E. ROBINSON ST. APT. #2 ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Susan Tuttle 726 Tam O Shanter Dr. Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUTTLE, SUSAN 1617 E. ROBINSON ST. APT. #2 ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Susan Tuttle 726 Tam O Shanter Dr. Orlando, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: Susan Tuttle 4/3/05 352-636-5786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #